

BARUCH COLLEGE
Authorization for Overload Assignment
Faculty

Please complete all information requested below.

 Name of Faculty member Semester

 Name of Faculty member's Department/ (MSPIA Program)

 Name of Department Requesting Overload

Overload assignment:

Teaching _____ Yes No
 Course # & Section Credits Contact Hrs # of hrs. for Payment Jumbo Section

Non Teaching: (Describe and give # of hrs. for payment)

Annual Workload for Base Salary

	Fall	Winter Intersession	Spring
Course, Section and Hours: _____	_____	_____	_____
Course, Section and Hours: _____	_____	_____	_____
Course, Section and Hours: _____	_____	_____	_____
Course, Section and Hours: _____	_____	_____	_____
Course, Section and Hours: _____	_____	_____	_____
Course, Section and Hours: _____	_____	_____	_____

Provide a statement establishing that the overload is in the best interest of the College and serves a specific academic need (justification):

Authorizations:

 (Print/Signature) Department Chair/Chief Librarian Date

 (Print/Signature) School Dean/Vice President Date

 (Print/Signature) Provost and Senior Vice President for Academic Affairs Date